FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

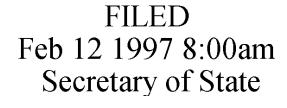
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000080769 (8)

PARTS & MORE UNLIMITED, INC.

Principal	Place	of	Business
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Principal Place of Business Mailing Address			1 18711801 110 19110 81111 98111 88111 88111 88111 88111 18111 18111 18111 18111 1811				
12527 N.W. 7TH LANE MIAMI FL 33182	12527 N.W. 7TH LANE MIAMI FL 33182-2024						
				3. Date Incorporated or Qualified 09/30/1996	3a. Date of Last Report		
2. Principal Place of Business	2a. Mailing Address 26			4. FEI Number APPLIED FOR	Applied For Not Applicable		
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 25	7ip 29	~~~~		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes XY Yes \(\square\) No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
FERRER, ALFREDO E			B1 Name	·			
12527 N.W. 7TH LANE MIAMI FL 33182			82 Street Address (P.O. Box Number is Not Acceptable)				
			83		A The Association of the Control of		
			84 City	:	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the	State of Florida. Such change wa	as authorize	d by the corpora	rporation submits this statement for the praction's board of directors. I hereby acceptions	urpose of changing its registered it the appointment as registered		

SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PTD DELETE Change Addition TITLE 1.1 HHE FERRER, ALFREDO E NAME 1.2 NAME 125827 N.W. 7TH LANE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33182 CITY-\$T-ZIP 1.4 CI]Y-\$1-ZIP VSD DELETE Change 2.1 TOLE Addition FERRER, SHARON NAME 2.2 NAME 12527 N.W. 7TH LANE STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33182** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELFTE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Addition 4 1 THLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 500002085901**G**ango -02/12/97--01123--018 DELETE TITLE 6.1 TOLE NAME 6.2 NAME

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changer in the anaddress.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

***165.00